DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

November 29, 2017

Ms. Mary Naumann, Manager Willows Of Windsor 121 State Street Windsor, VT 05089-1213

Dear Ms. Naumann:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 1, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

mlaMCotaPN



Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ C B. WING 0044 11/01/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CDDE 121 STATE STREET WILLOWS OF WINDSOR WINDSOR, VT 05089 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite re-licensing survey and complaint investigation was conducted by the Division of Licensing and Protection from 10/31-11/1/17. There were no findings as a result of the complaint investigation. The following findings are a result of the survey: R161 V. RESIDENT CARE AND HOME SERVICES R161 SS=C 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced Based observation and staff interview, the facility Manager failed to ensure that all medications are handled according to the home's policies. The findings include the following: 1. Per inspection of the medication cart on 10/31/17 at approximately 10:40 AM the following was identified: -A bingo card containing twenty-three (23) tablets of Loperamide 2 mg. (milligrams) each, with an expiration date of 6/1/17 and assigned to a resident who is no longer living in the facility. The medication is used to relieve symptoms of diarrhea. -In the pantry refrigerator, the medication storage box contained seven (7) Bisacodyl Suppositories and fifteen (15) Tylenol suppositories 650 mg each. These suppositories were assigned to Resident #4 who expired on 10/13/16. Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM

689

J0CJ11

If continuation sheet 1 of 10

May Naumann RN CO-OWNER

11:25:0017

RILI-R999 POC accepted 11/24/17 MBertrand RN/PME

Division	of Licensing and Pro	otection		7		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		0044	B. WING		C 11/01/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WILLOW	VS OF WINDSOR	121 STATE WINDSOR	E STREET R, VT 05089			
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R161	Continued From pa	ige 1	R161			
	longer needed the redispose of the med pharmacy. The fact	ifies when medications are no manager or the RN is to lication or return them to the cility manager confirmed during love medications should have		SEE POC ACTION#1	12-15-17	
	presence of the ma Attendant (RCA), o 10:45 AM, a pre-po containing Ativan 0. (milliliter). The med belonging to Reside					
	controlled substance responsibility for co	ne purpose of monitoring the ce is to 1.) document punting and maintaining I drug counts and 2.) Aid in te detection of any				
	counts the bottles/b drugs and matchers resident drug record sheets. When this on the Controlled D Form with the appro	t each change of shift the staff pubble packs of all controlled is the count (s) listed in the ed on the controlled drug count is done, the counts are listed drug Chain of Responsibility opriate date. Both staff all the form indicating that the is correct.			;	
	at 10:45 AM, that the the liquid anti-anxie	er and the RCA, both confirm ne Registered Nurse pre-pours ety medication and staff ontrolled medication record			;	

Division	of Licensing and Pro	otection				1 01 (1)	711110120
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		0044	B. WING				C <b>)1/2017</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WILLOW	VS OF WINDSOR		E STREET R, VT 05089				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORR	R'S PLAN OF CORRECT RECTIVE ACTION SHOU RENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
R161	Continued From pa	age 2	R161				
	identify the amount that it is present.	n is present. They do not t of liquid in the syringe, just		SEE Poc	ACTION #3		NKT 13:15:17
		er confirms on 11/1/17 during nat she is responsible for the verlooked.		<b>.</b>	<b>5</b>		:
	See R176 and R17	7.					
R176 SS=D	V. RESIDENT CAR	RE AND HOME SERVICES	R176				ļ
	5.10 Medication Ma	anagement					: :
	5.10.h (4)						
:	resident, or outdate promptly disposed of	er the death or discharge of a ed medications, shall be of in accordance with the applicable standards of					
:	by: Based on observation interview the facility medications for 2 approximately	NT is not met as evidenced ion and confirmed by staff y failed to dispose of unused applicable residents who no a facility. The findings include					
	at approximately 10 identified: -A bingo card contai of Loperamide 2 mg expiration date of 6/	ne medication cart on 10/31/17 D:40 AM the following was aining twenty-three (23) tablets g. (milligrams) each, with an is/1/17 and assigned to a longer living in the facility. The					

FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_ 0044 11/01/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 STATE STREET WILLOWS OF WINDSOR WINDSOR, VT 05089 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R176 Continued From page 3 R176 medication is used to relieve symptoms of diarrhea. -In the pantry refrigerator, the medication storage box contained seven (7) Bisacodyl Suppositories and fifteen (15) Tylenol suppositories 650 mg each. These suppositories were assigned to Resident #4 who expired on 10/13/16. Facility policy identifies when medications are no longer needed the manager or the RN is to SEE POC ACTION # 1 dispose of the medication or return them to the 12/15/17 pharmacy. The facility manager confirmed on 10/31/17 at approximately 10:40 AM, that the above medications should have been discarded. R177; V. RESIDENT CARE AND HOME SERVICES R177 SS=D 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced Based on observation, record review and confirmed by staff interview, the facility failed to account for an anti-anxiety medication (a controlled substance) for 1 of 4 sampled residents, on at least a weekly basis (Resident #3). The findings include the following:

Per inspection of the medication cart in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  OUT  STREET ADDRESS. CITY, STATE, ZIP CODE  121 STATE STREET WINDSOR, VT 05089  PROVIDER OR SUPPLIER  STREET ADDRESS. CITY, STATE, ZIP CODE  121 STATE STREET WINDSOR, VT 05089  PROVIDERS PLAN OF CORRECTION (ACA) DEFICIENCY MUST BE PRECEDED BY PULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  R177  Continued From page 4  Presence of the manager and the Resident Care Attendant (RCA), on 10/3/1/7 at approximately 10/45 AM, a pre-poured syringe was discovered containing Ativan 0.5 mg. (milligram) = 0.25 ml. (milliller). The medication is identified as belonging to Resident #3. The physician order directs staff to assist with administration of Ativan 0.5 mg. (iquid) by mouth at 2 PM for anxiety/agitation to the resident responsibility for counting and maintaining accurate controlled drug counts and 2.) Aid in prompt and accurate detection of any discrepancies.  Per facility policy at each change of shift the staff counts the bottles/bubble packs of all controlled drugs and matchers the count (s) listed in the resident drug record on the controlled drug count sheets. When this is done, the counts are listed on the Controlled Drug Chain of Responsibility Form with the appropriate date. Both staff members sign/initial the form indicating that the count documented is correct.  The facility manager and the RCA, both confirm at 10.45 AM, that the Registered Nurse pre-pours	Division	of Licensing and Pro	otection			FORMAPPROVED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  121 STATE STREET  WINDSOR, VT 50089  SUMMARY STATEMENT OF DEPLIENCIES PREFIX TAG  REQUIATORY OR LSC IDENTIFYING INFORMATION)  R177  Continued From page 4  presence of the manager and the Resident Care Attendant (RCA), on 10/31/17 at approximately 10/45 AM, a pre-poured syringe was discovered containing Aftwan 0.5 mg, (fliquid) by mouth at 2 PM for anxiety/sigitation to the resident.  Per facility policy the purpose of monitoring the controlled substance is to 1.) accument responsibility for counting and maintaining accurate controlled drug counts and 2.) Aid in prompt and accurate detection of any discrepancies.  Per facility policy at each change of shift the staff counts the bottless/bubble packs of all controlled drugs and matchers the count (s) listed in the resident drug record on the controlled drug count sheets. When this is done, the counts are listed on the Controlled Drug Chain of Responsibility Form with the appropriate date. Both staff members sign/initial the form indicating that the count documented is correct.  The facility manager and the RCA, both confirm at 10/45 AM, that the Registered Nurse pre-pours the liquid anti-anxiety medication and staff document on the controlled medication record that the medication is present. They do not identify the amount of liquid in the syringe, just that it is present.	STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 ' '		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  121 STATE STREET WINDSOR, VT 05089  WILLOWS OF WINDSOR  SUMMARY STATEMENT OF DEPICIENCIES  WILLOWS OF WINDSOR  REQUATION OR LSC DEMTP-NICE MEDIANTION)  REQUATION OR LSC DEMTP-NICE MEDIANTION  RECOLLAR OF ORDER OF MEDIANTION OR LSC DEMTP-NICE MEDIANTION  RECOLLAR OF ORDER OF MEDIANTION OR LSC DEMTP-NICE MEDIANTION  RECOLLAR OF ORDER OF MEDIANTION OR LSC DEMTP-NICE MEDIANTION  RECOLLAR OF ORDER OF MEDIANTION OR LSC DEMTP-NICE MEDIANTION  RECOLLAR OF ORDER OF MEDIANTION OR LSC DEMTP-NICE MEDI	MNO L	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		
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WILLOWS OF WINDSOR    MAI ID   SUMMARY STATEMENT OF DEPICIENCIES   DEPICE   DEPICE   MINDSOR, VT   100   PREFIX   TAG   SUMMARY STATEMENT OF DEPICIENCIES   DEPICE   MINDSOR, VT   100   PREFIX   TAG   CROWNER   MINDSOR, VT   100   PREFIX   TAG   CROWNER   MINDSOR, VT	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	<u> </u>
PRIOR SUMMARY STATEMENT OF DEPICIENCIES PREFEX FACATION THAT BEDECISED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  R177  R177  Continued From page 4  presence of the manager and the Resident Care Attendant (RCA), on 10/31/17 at approximately 10/45 AM, a pre-poured syringe was discovered containing Ativan 0.5 mg (milligram) = 0.25 ml, (milliliter). The medication is identified as belonging to Resident #3. The physician order directs staff to assist with administration of Ativan 0.5 mg, (liquid) by mouth at 2 PM for anxiety/agitation to the resident  Per facility policy the purpose of monitoring the controlled substance is to 1.) document responsibility for counting and marntaining accurate controlled drug counts and 2.) Aid in prompt and accurate detection of any discrepancies.  Per facility policy at each change of shift the staff counts the bottles/bubble packs of all controlled drugs and matchers the count (s) listed in the resident drug record on the controlled drug count sheets. When this is done, the counts are listed on the Controlled Drug Chain of Responsibility Form with the appropriate date. Both staff members sign/initial the form indicating that the count documented is correct.  The facility manager and the RCA, both confirm at 10.45 AM, that the Registered Nurse pre-pours the liquid anti-anxiety medication record that the medication is present. They do not identify the amount of liquid in the syringe, just that it is present.	WILLOW	VS OF WINDSOR				
R177 Continued From page 4  R177 Presence of the manager and the Resident Care Attendant (RCA), on 10/31/17 at approximately 10/45 AM, a pre-poured syringe was discovered containing Attendan to the Resident P3. The physician order directs staff to assist with administration of Attendant (RCA), on 10/31/17 by proceed containing Attendant of RCA), on 10/31/17 by proceed containing Attendant of RCA, (milliliter). The medication is identified as belonging to Resident #3. The physician order directs staff to assist with administration of Attendant of American accurate controlled substance is to 1, document responsibility for counting and maintaining accurate controlled drug counts and 2.) Aid in prompt and accurate detection of any discrepancies.  Per facility policy at each change of shift the staff counts the bottles/bubble packs of all controlled drugs and matchers the count (s) listed in the resident drug record on the controlled drug count sheets. When this is done, the counts are listed on the Controlled Drug Chain of Responsibility Form with the appropriate date. Both staff members sign/initial the form indicating that the count document of the controlled medication record that the medication is present. They do not identify the amount of liquid in the syringe, just that it is present.  R249 VII. NUTRITION AND FOOD SERVICES  R249	(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CORRECT!	ION (X5)
presence of the manager and the Resident Care Attendant (RCA), on 10/31/17 at approximately 10:45 AM, a pre-poured syrings was discovered containing Aftwan 0.5 mg, (milligram) =0.25 ml. (milliliter). The medication is identified as belonging to Resident #3. The physician order directs staff to assist with administration of Aftwan 0.5 mg, (liquid) by mouth at 2 PM for anxiety/agitation to the resident.  Per facility policy the purpose of monitoring the controlled substance is to 1.) document responsibility for counting and maintaining accurate controlled drug counts and 2.) Aid in prompt and accurate detection of any discrepancies.  Per facility policy at each change of shift the staff counts the bottles/bubble packs of all controlled drugs and matchers the count (s) listed in the resident drug record on the controlled drug count sheets. When this is done, the counts are listed on the Controlled Drug Chain of Responsibility Form with the appropriate date. Both staff members signifinital the form indicating that the count documented is correct.  The facility manager and the RCA, both confirm at 10:45 AM, that the Registered Nurse pre-pours the liquid anti-anxiety medication and staff document on the controlled medication record that the medication is present. They do not identify the amount of liquid in the syringe, just that it is present.	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	ILD BE COMPLETE
Attendant (RCA), on 10/31/17 at approximately 10:45 AM, a pre-poured syringe was discovered containing Ativan 0.5 mg. (milligram) = 0.25 ml. (milliliter). The medication is identified as belonging to Resident #3. The physician order directs staff to assist with administration of Ativan 0.5 mg. (liquid) by mouth at 2 PM for anxiety/agitation to the resident.  Per facility policy the purpose of monitoring the controlled substance is to 1.) document responsibility for counting and maintaining accurate controlled drug counts and 2.) Aid in prompt and accurate detection of any discrepancies.  Per facility policy at each change of shift the staff counts the bottles/bubble packs of all controlled drugs and matchers the count (s) listed in the resident drug record on the controlled drug count sheets. When this is done, the counts are listed on the Controlled Drug Chain of Responsibility Form with the appropriate date. Both staff members significial the form indicating that the count documented is correct.  The facility manager and the RCA, both confirm at 10:45 AM, that the Registered Nurse pre-pours the liquid anti-anxiety medication and staff document on the controlled medication record that the medication is present. They do not identify the amount of liquid in the syringe, just that it is present.	R177	Continued From pa	ige 4	R177		
identify the amount of liquid in the syringe, just that it is present.  R249 VII. NUTRITION AND FOOD SERVICES R249		Attendant (RCA), or 10:45 AM, a pre-po containing Ativan 0. (milliliter). The med belonging to Reside directs staff to assis 0.5 mg. (liquid) by ranxiety/agitation to Per facility policy the controlled substance responsibility for consecurate controlled prompt and accurate discrepancies.  Per facility policy at counts the bottles/bdrugs and matchers resident drug record sheets. When this on the Controlled D Form with the approximembers sign/initial count documented.  The facility manage at 10:45 AM, that the liquid anti-anxied document on the control of t	on 10/31/17 at approximately oured syringe was discovered .5 mg. (milligram) =0.25 ml. dication is identified as ent #3. The physician order st with administration of Ativan mouth at 2 PM for the resident.  The purpose of monitoring the ce is to 1.) document ounting and maintaining if drug counts and 2.) Aid in the detection of any  the each change of shift the staff oubble packs of all controlled is the count (s) listed in the don the controlled drug count is done, the counts are listed or gray Chain of Responsibility opriate date. Both staff all the form indicating that the is correct.  The registered Nurse pre-poursely medication and staff ontrolled medication record		SEE POC ACTIONS	WLT 12-17
		that it is present.  VII. NUTRITION AN		R249		

Division of Licensing and Protection STATE FORM

7.2 Food Safety and Sanitation

Division	of Licensing and Pro	otection			101111111111111111111111111111111111111
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:	·	
		0044	B. WING		C 11/01/2017
NAME DF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE	
WILLOW	'S OF WINDSOR		E STREET		
		WINDSO	R, √T 05089		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROI	D BE COMPLETE
R249	Continued From pa	age 5	R249		
	and storage technic food handling pract This REQUIREME by: Based on observat interview the facility handling and storage with safe food hand include the following.  Per facility tour of the Manager on 10 following deficient prepared sandwich as to when they we sausages in a plas not identified as to dated as to when the refrigerator.  The Manager confishould be marked.	NT is not met as evidenced ion and confirmed by staff y failed to assure that food ge techniques are consistent dling practices. The findings		SEE POC ACTION #2	MAT - 201
R251 SS=F	VII. NUTRITION A	ND FOOD SERVICES	R251		
	7.3 Food Storage	and Equipment			
	protect from dust, i	drink shall be stored so as to nsects, rodents, overhead ary handling and all other ination.			
	This REQUIREME	NT is not met as evidenced			

Division of Licensing and Protection (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ С B. WING 11/01/2017 0044 STREET ADDRESS, CITY, STATE, ZIP CDDE NAME OF PROVIDER OR SUPPLIER 121 STATE STREET WILLOWS OF WINDSOR WINDSOR, VT 05089 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX CRDSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R251 R251 Continued From page 6 by: Based on observation and confirmed by staff interview the facility failed to assure that all food and drink is stored to protect from dust, insects, rodents and all other sources of contamination. The findings include the following: Per kitchen tour on 10/31/17 at 8:45 AM in the presence of the Manager the following deficient practices were identified: - Plastic bags containing partially used sugar (brown/white) not sealed; - Partially used bags/boxes of flour, baking soda, pancake mix, powdered sugar and corn starch not sealed or dated as to when they were put in use: - 3 pound canister of of partially used powdered sugar with a scoop stored on the contents; - Partially used box of baking soda with a scoop stored on the contents; - Partially used jar of Nutella (chocolate spread), caked with dried sticky chocolate with no date as to when it was put in use; - Partially used jar of peanut butter, labeled with a resident's first name, with no date as to when it was put in use. Staff confirm that the resident is no longer is in the facility; -Large bag of dried uncooked patmeal, unsealed, SEE POLIFICTION # 2 with no label as to the contents nor is it dated as 12.15.17 to when it was put in use: - Box of partially used dried cereal not sealed and not dated as to when it was put in use. The Manager confirmed all of the above was found during the tour. R266, IX, PHYSICAL PLANT R266 SS≃F

Division	of Licensing and Pro	otection			FORMAPPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0044	B. WING		C 11/01/2017
NAME OF	PROVIDER DR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE	
WILLOW	S OF WINDSOR		E STREET R, VT 05089		
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R266	Continued From pa	ige 7	R266		
	9.1 Environment				
		ust provide and maintain a nitary, homelike and nment			: : :
	by: Based on observati interview the facility functional, sanitary,	NT is not met as evidenced ion and confirmed by staff railed to maintain a safe, homelike and comfortable findings include the following:			,
	morning, in the pres				 
	exit/entrance and w with the railing unat wood rot, with expo and slivered wood. was found with crac dried/wet leaves the slips/falls. The land found to be elevate	wheelchair access was found tached to the frame due to used nails, rough chipped paint. The floor base of the ramp cks and an accumulation of at could contribute to ding at the ground edge was d, that could easily be a trip			: : : :
	rooms, that leads to from the building. It rotten and the stain -Stairway off the rig resident rooms, that very loose metal rai -The right side of the operated emergence functioning. The factors and the stair of t	t side of the first floor resident to the exit ramp, is detaching vails are exposed, the wood is way is still available for use. It side of the first floor to leads to the exit ramp has a ling.  I upper level has a battery by lighting system that is not coility does not have any as on any doors on the first		SEE POC ACTIONA	WIT 12.15.17

floor;
Division of Licensing and Protection

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED  C 11/01/2017	
		0044	B. WING		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
WILLOW	S OF WINDSOR		E STREET R, VT 05089		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT DF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CDRRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLE
R266	above resident table florescent bulbs are -Kitchen/Dining rook cracked and missin -Dining room furnitus spills and food, windust and grime and blowing into the kitchen -Bathroom door on has a crack on the approximately 12 in edges exposed; -Living room was formultiple scuff mark hole approximately Window coverings furniture in need of -Resident rooms borneed of cleaning evidust, grime and wall-Halls with visible daccumulated dust at Wall to wall carpeting at various locations fibers.	I with a ceiling light, located es, missing the cover and e exposed; m found the linoleum flooring ag pieces of the flooring itself, are and walls with visual dried dow treatments caked with a stand fan caked with dust chen prep area; the right side of the first floor right lower panel aches in length with rough ound with walls that have as, missing wall paper and a the size of a golf ball, caked with dust and grime and cleaning; oth upper and lower levels in ridenced with accumulated lls that need cosmetic repairs; ust, cobwebs and and grime on sprinkler heads, and noted to be taped in place with visible fraying of carpet	R266	SEE POC ACTION; #4	
	The manager confit tours.	rms all of the above during the			
	on 10/31 and 11/1/ located on both the found with resident and grime. One of	ne presence of the Manager, 17 mid morning, resident beds first and second floors were bed frames caked with dust the beds was found with eared with a brown dried			
		med that the beds should be t confirms they are dirty and		SEE POR ACTION #	<b>5</b>

PRINTED: 11/13/2017 FORM APPROVED

Division of Licensing and Pr	otection			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN OF CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		
	0044	B. WING		C 11/01/2017
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	
WILLOWS OF WINDSOR	121 STA	TE STREET		
WILLOWS OF WINDSON	WINDSO	R, VT 05089		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
R266 Continued From p	age 9	R266		
need cleaning.				:
R999 MISCELLANEOUS SS=C	6	R999		;
A.11 Transfer Prof A license shall be and premises nam transferable or ass Based on observa Home License, the licensing agency of The findings include Per facility tour on located at the entry the manager to be Per interview with approximately 11:4 that s/he is unawa submitted a letter	issued only for the person(s) ned in the application and is not signable.  tion of current Residential Care a facility has failed to notify the of a change in management. The de the following:  10/31/17, the facility license ance of the front door identifies			
manager took ove 2017.  Per interview with 10/31/17, the licen	r the position in September the Licensing Chief on using agency has not received a change the name of the	3	SEE POC ACTION:	#6 NLT 12.15.17

November 25, 2017

Plan of correction for regulations not met at Willows of Windsor on inspection done October 31, 2017

#1

<u>Violations</u>: Items were found that should have been disposed of to include expired suppositories in unused refrigerator lock box, over the counter medication that was labeled with a prior resident's name was locked in the med cart, and a jar of peanut butter left behind by a prior resident

Plan of correction: Items found were discarded.

<u>Future prevention:</u> Manager will document monthly that items that should be disposed of are removed from the premises.

#2

<u>Violations</u>: left overs and food packages were found that were not dated, sealed or labeled in our kitchen and pantry.

Plan of correction: Items were discarded.

<u>Future prevention</u>: Staff will be retrained on proper dating, labeling and sealing procedures for opened foods. Training will be documented. Manager will spot check for compliance monthly and document.

#3

<u>Violations</u>: Staff was noted to be counting number of, but not to be checking amounts in, individually capped syringes of medication at each change of shift controlled drug count.

<u>Plan of correction:</u> Staff will be retrained in proper visual inspection of each syringe of medication with each controlled med count.

<u>Future prevention:</u> This visual inspection will be documented on the count sheet.

#4. Violations: House required various repairs.

<u>Plan of correction:</u> A new battery was put in an emergency back up light. A crack in a door and small hole in the wall were patched. Frayed carpet and linoleum were repaired. Stairs to doors that are unused were repaired. The leaves were swept off the ramp. Hand rail and ramp was repaired. Flaking paint on the handrail was removed and repainted. A small gradient strip was applied to the end of the ramp. A light that is missing it's cover will be replaced by Dec 15<sup>th</sup>.

<u>Future prevention</u>: Manager will inspect house monthly to assure repair needs are noted and document.

#5

Violations: House not clean enough

#5 cont

<u>Plan of correction:</u> House was reviewed for any cobwebs. a food splatter was wiped off the wall, dining chairs were washed but still have bleach stains from mopping. Bed rails and window sills were dusted. The stained bedding on an unused bed was removed.

Future prevention: Manager will inspect and document on house keeping monthly.

#6 <u>Violation</u>: Co-owner /RN Mary Naumann is listed on current license instead of Manager/co-owner Patti Hutchins.

Plan of correction: This will be corrected for annual licensure due Jan 1, 2018

Thank you for assisting us to properly meet regulations for our clients. We will have all corrections in place NLT Dec 15, 2017 unless otherwise specified.

Sincerely,

Mary Nauman RK)
Mary Naumann, RN

\* Also see addendums

## POC 176/161

Citation : Medications not promptly disposed off

Home practice is for staff to dispose of medications right after clients leave. To assure this is done, Manager will double check and document with 3 days of client leaving that medications are disposed of.

## **POC 177**

See RN's policy. For this client, we are having the doctor change the medication to pill form. Doctor has been called. See underlined addition to the current policy that will be in effect if I decide to allow liquid controlled drugs again, ie for hospice clients.

POC 249. Staff will be retrained on correct labeling, sealing and dating of food. Training verification will in place by Dec 15.

POC 251 Staff will be retrained that all food must be protected from dust insects, rodents overhead leakage, excess handling and contamination. Training verification will be in place by Dec 15 To include not storing scoops with food, or ice.

\*\*Please clarify does rodent proof now mean glass or metal for all foods? Are plastic bags/containers acceptable if sealed?

POC 999. Letter attached.

Thank you.

Patti Hutchins

Mary Naumahn

POC177

## Willows of Windsor Policy for Use of Controlled Liquid Medications (updated 11.17)

- 1. RN to assess necessity of use of liquid controlled medications on a case by case basis. It shall be general policy to not use liquid controlled medications when possible due to inherent difficulties with accurate measurement of stock bottles.
- 2. When liquid controlled medications are deemed as Best Care for a client, the RN or manager will add no more than 7 day's worth of pre-filled doses each week to the controlled drug count.
- 3. Shift to shift count of Pre-filled syringes will align with policy of controlled drug count and medication pass policy of the home. Any controlled drug count discrepancies must be reported immediately to management or the RN.
- 4. Each pre-filled syringe will be labeled with name, dose, expiration date of the medication.
- 5. Staff is responsible for verifying the amount of each syringe at each controlled med count, and documenting that each syringe amount and dose was verified.

NEW PART

PACHT NG TEACHT NG